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**Oklahoma State Board of Health (OSBH)  
Oklahoma City-County Board of Health (OCCBH)  
Tulsa City-County Board of Health (TCCBH)  
Tuesday, October 8, 2013, 1:00 p.m.**

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**Northeast Regional Health and Wellness Campus  
2600 NE 63<sup>rd</sup> Street, Board Room 100  
Oklahoma City, OK 73111**

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**Tuesday, October 8, 2013 1:00 p.m.**

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R. Murali Krishna, President of the Oklahoma State Board of Health, called the 384<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, October 8, 2013 at 1:00 p.m. The final agenda was posted at 10:19 a.m. on the OSDH website on October 7, 2013, and at 10:01 .m. at the building entrance on October 7, 2013.

**ROLL CALL**

**Members in Attendance:** R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha Burger, M.B.A., Secretary-Treasurer; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.; Cris Hart-Wolfe.

**Absent:** Jenny Alexopoulos, D.O.

**Central Staff Present:** Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Lloyd Smith, Director of Internal Audit and Office of Accountability Systems; Pamela Williams, Office of Communications; VaLauna Grissom, Secretary to the State Board of Health; Commissioner's Office; Felesha Scanlan.

**OCCBH Members in Attendance:** Dr. Cagle, Dr. Gray, Dr. Hill, Dr. Mills, Dr. Raskob, Dr. Salmeron

**TCCBH Members in Attendance:** Dr. Patrick Grogan, Dr. Geraldine Ellison, Ms. Nancy Keithline

**Visitors in attendance:** (see sign in sheet)

**Call to Order and Opening Remarks**

Dr. Cagle welcomed the visitors to the OCCHD Northeast Regional Health and Wellness Campus. Dr. Krishna thanked Gary Cox and the OCCHD Board of Health for hosting the 2013 Tri-Board of Health meeting.

**REVIEW OF MINUTES – OCCBH**

Dr. Cagle called for approval of minutes of the OCCBH September Board meeting as presented.

Dr. Salmeron moved Board approval of the minutes of the September Board meeting. Second Dr. Gray

**AYE:** Dr. Cagle, Dr. Gray, Dr. Hill, Dr. Mills, Dr. Raskob, Dr. Salmeron

Minutes of the September meeting were approved.

**REVIEW OF MINUTES – OSBH**

Dr. Krishna directed attention to the minutes of the July 9, 2013 regular meeting and the August 16-18, 2013 Annual Board of Health Retreat for review and approval.

**Dr. Gerard moved Board approval of the July 9, 2013 meeting minutes as presented. Second Ms. Wolfe. Motion carried.**

**AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson, Wolfe**

**ABSENT: Alexopoulos**

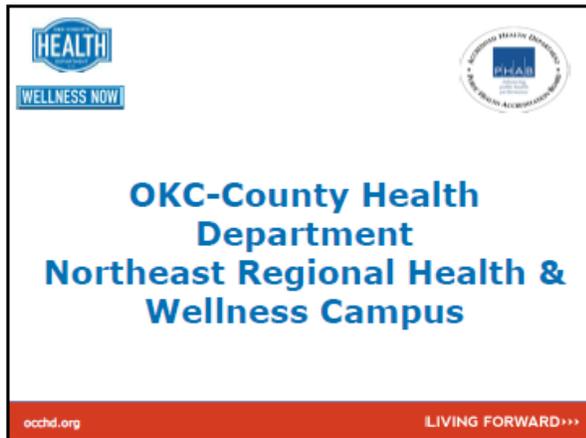
**Dr. Gerard moved Board approval of the August 16-18, 2013 meeting minutes as presented. Second Dr. Grim. Motion carried.**

**AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson, Wolfe**

**ABSENT: Alexopoulos**

**OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP)**

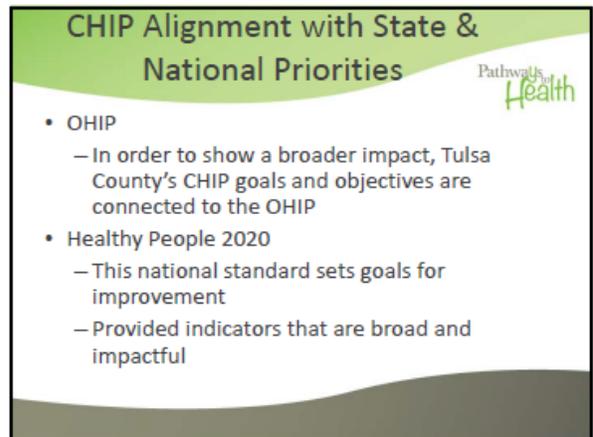
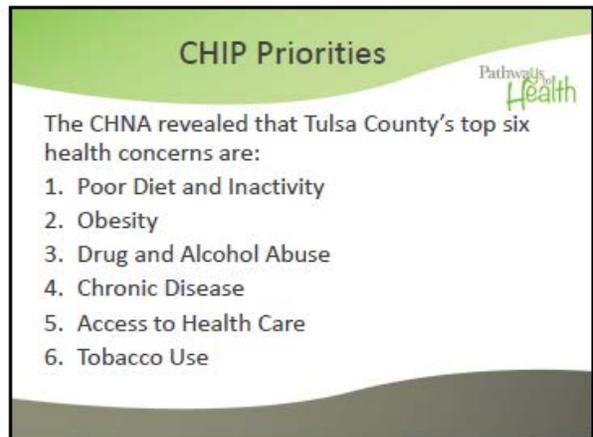
**Gary Cox, Ph.D., Oklahoma City-County Health Department local perspectives.**



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**Local Perspectives; Bruce Dart, Ph.D., Tulsa Health Department local perspectives**



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### Solution Focused

Pathways to Health

- Each priority section begins with CHNA data that demonstrates why these issues are concerning
- Potential challenges to making improvement in these areas are addressed
- Opportunities to make the greatest impact are highlighted

### THD's Role

Pathways to Health

- Our role now becomes promoting the messages within the CHIP
- Starting conversations about community health improvement
- This is our CHIP
  - THD is a partner in health improvement, as employees we are part of the collaboration
  - This plan is also for the residents of Tulsa County- we are those residents

### CHIP Goals and Objectives

Pathways to Health

The new CHIP will be released in 2013. This is short term goal.

Adapted from Healthy People 2020 national goals	Adapted from Healthy People 2020 national objectives	Performance indicators used to evaluate the effectiveness of strategies and tactics in each priority goal	Data obtained through studies such as the Community Health Needs Assessment in a health fair comparison	The Healthy People 2020 strategy advocates for 10% improvement by 2020
Goal	Objective	Indicator	Priority	2010-2014
Improve the health of Tulsa County residents	Reduce the prevalence of tobacco use among Tulsa County residents	Percentage of adults who are current or former smokers	100%	100%

### Evaluation & Next Steps

Pathways to Health

- Alliance Groups
  - Healthy Kids
  - Healthy Aging
  - Healthy Worksites
  - Healthy Choices
  - Healthy Places
  - Access to Health Care
- Starting conversations about community health improvement with community partners and in Tulsa County neighborhoods
- Mayoral Health Forum October 28<sup>th</sup>

### Community Engagement

Pathways to Health

Showing community residents what community partners are doing to address their concerns.



### Follow P2H

Pathways to Health

- Keep the conversation going:
  - [www.pathwaystohealthtulsa.org](http://www.pathwaystohealthtulsa.org)

Like us on Facebook:  
Pathways to Health  
Follow us on Twitter:  
@TulsaP2H



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### P2H Block Parties

*Pathways to Health*

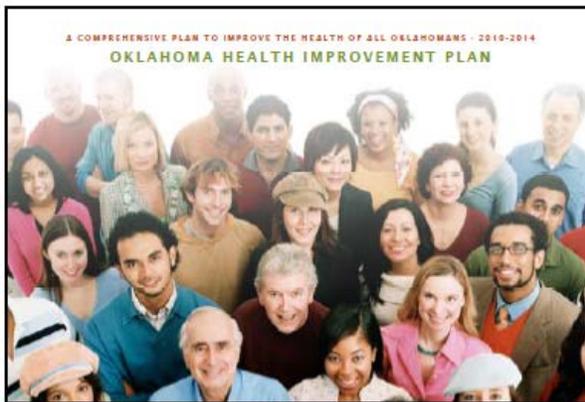
- One Block Party in each of the 6 Regions.
- Hicks Park – September 19<sup>th</sup>
- Cooper Elementary – October 3<sup>rd</sup>
- Next – Marshall Elementary on November 7<sup>th</sup>




### Team Leadership

**OHIP Team (Dr. Terry Cline)**  
**FLAGSHIP (Dr. Gary Raskob)**  
*Tobacco Use Prevention* (Tracey Strader & Jennifer Lepard)  
*Obesity Reduction* (Dr. Bruce Dart)  
*Children's Health* (Drs. Mary Anne McCaffree, Marry Dunlap, & Edd Rhoades)  
**INFRASTRUCTURE(Gary Cox)**  
*Workforce Development* (Monty Evans & Judy Grant)  
*Access to Care* (Julie Cox-Kain)  
*Health Systems Effectiveness* (P/P Partnerships)(Dr. Terry Cline & Ted Haynes)

OKLAHOMA HEALTH IMPROVEMENT PLAN

### Team Leadership

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OKLAHOMA HEALTH IMPROVEMENT PLAN



### OHIP TEAM



Oklahoma Health Improvement Plan Team Members include:

- health leaders	- non-traditional groups
- business	- labor
- tribes	- academia
- non-profits	- state & local governments
- private citizens	- professional organizations

*OHIP Mission: Working together to lead a process to improve and sustain the physical, social, and mental well being of all people in Oklahoma.*

OKLAHOMA HEALTH IMPROVEMENT PLAN




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**FLAGSHIP GOALS**  
Tobacco Use Prevention  
Obesity Reduction  
Children's Health

**INFRASTRUCTURE GOALS**  
Workforce Development  
Access to Care  
Health Systems Effectiveness/Partnerships

**SOCIETAL & POLICY INTEGRATION**  
Policies and Legislation  
Social Determinants of Health & Health Equity

OKLAHOMA HEALTH IMPROVEMENT PLAN

**Tobacco Outcomes**



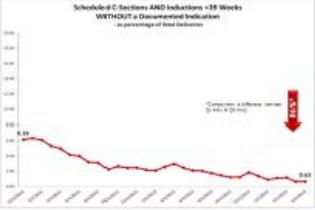
- Adults who smoke in OK has **decreased by 10.7%** in the last year from 26.1 to 23.3%
- The number of schools with tobacco-free policies since 2012 has increased by **23%**!
- The Governor's Executive Order for tobacco-free properties impacted approximately **37,000** state employees and **countless** visitors to state properties.

OKLAHOMA HEALTH IMPROVEMENT PLAN

**Every Week Counts**



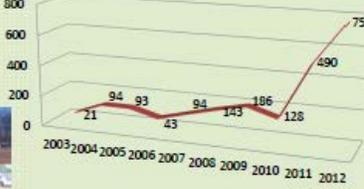
Scheduled C-sections AND inductions - 19 Weeks WITHOUT a Documented Indication (as percentage of total births)



OKLAHOMA HEALTH IMPROVEMENT PLAN

**Certified Healthy Oklahoma**

Growth in Number of Healthy Certifications

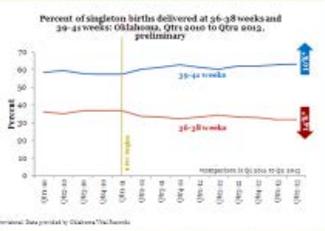


OKLAHOMA HEALTH IMPROVEMENT PLAN

**Every Week Counts**



Percent of singleton births delivered at 36-38 weeks and 39-45 weeks: Oklahoma, Q1: 2004 to Q4: 2012, preliminary



OKLAHOMA HEALTH IMPROVEMENT PLAN

**Obesity, Nutrition, and Physical Activity**  
*2012 Certified Healthy Applications and Beyond*



- 418** schools, **135** businesses, and **61** communities (**614** total organizations) implemented one or more policies related to physical activity or nutrition!
- In addition, **405** schools participated in non-policy related programs including breakfast nutrition program, backpack program, or summer food service.
- Online Toolkit** being developed for communities, schools, and organizations in selection and implementation of nutrition and physical fitness activities and policies to assist in health improvement endeavors.

OKLAHOMA HEALTH IMPROVEMENT PLAN

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### Infant Mortality Rate



- The Oklahoma Infant Mortality Rate has decreased by **10.5%** in the last five years from 8.6 per 1000 in 2007 to 7.7 in 2012.

OKLAHOMA HEALTH IMPROVEMENT PLAN

### Certified Healthy Physical Fitness & Nutrition Incentive Grant Activities & Enhancements



- Sidewalks
- Skate Park
- Community Garden
- Exercise Equipment
- Walking Trail Lights & Renovation
- Bike Racks on Buses
- Walking Trails
- Basketball Courts
- Benches & Soccer Field Equipment
- Playground Equipment
- Pedestrian Crosswalks
- 9 Station Disc Golf Course
- Nutrition & Fitness Campaigns

OKLAHOMA HEALTH IMPROVEMENT PLAN

### Public Health Accreditation



- Oklahoma is the **only** state in the nation with the **state** and **three** local public health departments accredited! Our state also has the distinction of having the **most** accredited departments in the US!

OKLAHOMA HEALTH IMPROVEMENT PLAN

### OHIP PARTNERS



Oklahoma State Board of Health	The State Chamber of Oklahoma
Tulsa City-County Board of Health	Cherokee Nation Health Services
Oklahoma City-County Board of Health	Oklahoma Turning Point Council
Oklahoma State Department of Health	Oklahoma Institute for Child Advocacy
Tulsa Health Department	Oklahoma Tobacco Research Center
Oklahoma City-County Health Department	American Lung Association
Oklahoma Health Care Authority	American Heart Association
Oklahoma Department of Mental Health & Substance Abuse Services	American Cancer Society
Oklahoma Tobacco Settlement Endowment Trust	OKC Area Inter-Tribal Health Board
Oklahoma Legislature	Cheyenne-Arapaho Tribe
Oklahoma State Department of Education	Muskogee Creek Nation
Oklahoma Hospital Association	Indian Health Service
Oklahoma Catastrophic Association	Blue Cross Blue Shield
Oklahoma State Medical Association	Indian Health Care Resource Center of Tulsa
	Oklahoma University Health Science Center

OKLAHOMA HEALTH IMPROVEMENT PLAN

### Continued Successes!




- Twenty-four (24)** Oklahoma birthing hospitals stopped providing formula gift discharge bags due to breastfeeding policies put into place.
- 28.4% increase** from 64% to 82.2% in proper child restraint use among infants less than one year of age.
- SB 501** was passed and permits local counties and municipalities to pass ordinances to ban smoking on county or municipal properties, as well as codifying the portion of the Governor's Executive Order that makes all state properties smoke-free!

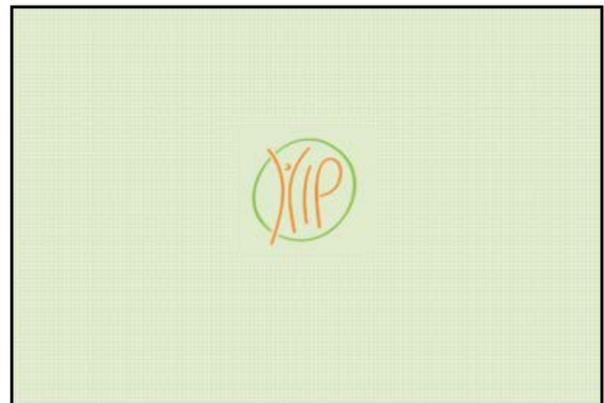
OKLAHOMA HEALTH IMPROVEMENT PLAN

### OHIP PARTNERS



Oklahoma Association of Health, Physical Education, Recreation and Dance	Oklahoma Employment Security Commission
YMCA of Tulsa	Oklahoma Primary Care Association
Cimarron Alliance	Oklahoma State University Center for Health Sciences
Leadership Oklahoma	AARP Oklahoma
Schools for Healthy Lifestyles	Community Service Council of Greater Tulsa
Regional Food Bank of Oklahoma	Oklahoma Nurses Association
Intaglia Health	Children's Hospital of Oklahoma/ American Academy of Pediatrics
George Kaiser Family Foundation	Citizens at Large
Oklahoma Management Enterprise Services	
Oklahoma Policy Institute	
Chickasaw Nation	
Physician's Manpower Training Center	
Oklahoma Healthcare Workforce Center	

OKLAHOMA HEALTH IMPROVEMENT PLAN



14 The presentation concluded.

15  
16 **LEGISLATIVE REPORT**

17 Mark Newman (OSDH), Tammie Kilpatrick (OCCHD), Scott Adkins (THD) Tammie Kilpatrick indicated  
18 the 2014 agenda will focus on prohibiting the sale of e-cigarettes to minors, requiring multi-unit housing  
19 smoking disclosure for prospective renters, and providing a tax credit for the construction of residential  
20 storm shelters or safe-rooms.

21  
22 Dr. Cagle requested a motion from the OCCHD Board to support the OHIP Legislative Agenda. Motion  
23 made by Dr. Hill for the OCCHD to support the OHIP Legislative Agenda for FY '14 as stated in the  
24 legislative report. Motion seconded by Dr. Gray. Vote taken: Dr. Cagle, Dr. Gray, Dr. Hill, Dr. Mills,  
25 Dr. Raskob and Dr. Salmeron, Aye. Motion carried.

26  
27 **Dr. Gerard moved Board approval in support of the 2014 OHIP Legislative Agenda as presented.**  
28 **Second Dr. Grim. Motion carried.**

29  
30 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson, Wolfe**

31 **ABSENT: Alexopulos**

32  
33 **BUDGET PRIORITIES**

34 Julie Cox-Kain (OSDH), Bob Jamison (OCCHD), Reggie Ivey (THD) presented successes and updates  
35 regarding the previous year's joint budget request. The three health departments updated the Boards on  
36 their efforts around Children's Health including budgetary updates, evidence-based strategies, and  
37 community-based projects.

38  
39 THD will continue to expand the REACH (Raising Educational Awareness for Community Health)  
40 Program and the Maternal and Child Health Case Management services in Tulsa County. The program  
41 will identify high risk clients, both during pregnancy and after.

42  
43 OCCHD will continue to work on the Maternal and Child Health Outreach Program which will conduct  
44 outreach and educational activities to facilitate the reduction of infant mortality in the Oklahoma City  
45 metropolitan area.

  
**THD**  
 TULSA HEALTH  
 DEPARTMENT

**“Expansion of REACH and MCH Programs”**  
*Tri-Board Meeting*  
*October 8, 2013*

  
**THD**  
 TULSA HEALTH  
 DEPARTMENT

Program Rationale  
 Preparing for a Lifetime Recommendations

Identify High Risk Clients; both during pregnancy  
 and after (community and clinic)





  
**THD**  
 TULSA HEALTH  
 DEPARTMENT

The Plan:

In accordance with the Oklahoma Health Improvement Plan, Tulsa City-County Health Department (TCCHD) proposes to expand the REACH (Raising Educational Awareness for Community Health) Program as well as expand Maternal and Child Health (MCH) Case management services in Tulsa County to improve perinatal outcomes and reduce infant mortality. Staff will work through the TCCHD sites to assure services and linkage to resources to prevent adverse maternal and infant outcomes.



  
**THD**  
 TULSA HEALTH  
 DEPARTMENT

Program Rationale (con't)

Provide intensive education; focused on the following:

- Early Entry into Prenatal Care
- Importance of Folic Acid
- Smoking Cessation
- Provide Linkage to Early Prenatal Care
- Safe Sleep for Infants
- Offer education about reproductive life planning



  
**THD**  
 TULSA HEALTH  
 DEPARTMENT

TCCHD hired two Clinical Social Workers (one bilingual) and two Community Outreach Workers (one bilingual)

A Clinical Social Worker and an Outreach Worker were hired in the first quarter of 2013. The second Outreach Worker was hired in July (2013) and the second Clinical Social Worker was hired in September (2013)



  
**THD**  
 TULSA HEALTH  
 DEPARTMENT

Program Rationale (con't)

Education shared individually as well as in group settings (community and clinic)

Key feature of the Clinical Social Workers' role includes identifying and addressing domestic violence issues and depression screening specifically for clients who are pregnant or have children under the age of one.



Progress  
**Outreach Services:**

- Provided 22 presentations to Childcare providers and parent groups; topic specific (Impact: 855)
- Spent 585 hours canvassing neighborhoods, distributing information and connecting patients to providers or other services. (Impact: 25 patients)
- Spent 203 hours following up with clients that miss appointments. (Impact: 77 patients)





Progress (con't)

**Case Management Services (one case manager):**

- Offer depression and tobacco screening assessments
- Spent 800 hours providing resources, information and education to high risk clients (Impact: 126 patients)




Progress (con't)

**Maximized Funding:**

**Community Connector**

**Maternal and Child Health Initiative**

- Safe Sleep Demonstrations (Hospitals, Baby Stores, Emergency Infant Services, etc.)
- In the process of planning a Safety Fair for Child Care Providers and Parents (10.12.13)

**Internal Referrals**

**Impact: less than 0.50% of patients case managed have experienced a poor infant outcome**




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**Maternal and Child Health Outreach**  
*Tri-Board Meeting  
 October 8, 2013*

5

 **Maternal and Child Health Outreach (MCHO)**

The MCH Outreach Project will conduct outreach and educational activities to facilitate the reduction of infant mortality in the Oklahoma City metropolitan statistical area. Activities include:

- Provide leadership in initiating selected interventions recommended by the Community Action Team (CAT) of the Central Oklahoma Fetal and Infant Mortality Review (FIMR) Project while identifying and building relationships to transition interventions to appropriate community partners
- Provide consultation to health care professionals, community organizations, faith-based organizations, etc. on interventions/recommendations identified to reduce infant mortality
- Raise public awareness of positive health practices and lifestyle choices to improve overall health of mothers and infants and decrease infant mortality
- Promote interconception care for families experiencing a fetal/infant death targeted to high risk health or lifestyle behaviors affecting previous pregnancy loss
- Promote family planning for appropriate spacing of pregnancies to promote positive outcomes in future pregnancies as well as improve maternal and infant health



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### HEALTH Strategies

**Hospital Advocate Initiative** was developed after educating over 1029 nurses in all 14 delivery hospitals in the metropolitan area. This initiative was developed to transition the education and awareness activities back to staff.

**Faith-based Outreach** has had multiple approaches. First, working with the Oklahoma Conference of Churches to reach faith-based groups with educational materials and resources on infant safe sleep. A second strategy has been developed to work within the African American Churches to address disparity issues within their community. Quarterly round table discussions are scheduled to identify specific strategies within the community to help reduce infant mortality.

**Working with law enforcement agencies** to assist in the data collection by standardizing the information documented during death scene investigations.

**Staff positions funded** include MCHO Epidemiologist and FIMR Specialist. EPI was hired to help identify and prioritize specific strategies identified through the Central Oklahoma Fetal and Infant Mortality Review process. Specialist was hired to conduct home interviews and outreach activities.

Two new social worker positions are in development and will be hired. These positions will work on outreach and case management of individuals/families who have experienced fetal/infant loss or other poor pregnancy outcomes.

WELLNESS NOW  
F.I.M.R.

### HEALTH Progress

**Hospital Advocate Initiative.** A hospital advocate has been named in all but one area delivery hospital plus St. Anthony's Shawnee Hospital. Monthly information and resources are sent to the 'Advocate' to be distributed to hospital staff. This effort continues to reach nurses in nearly every hospital while leveraging staff time and effort.

**Faith-based Outreach.** Working with the Oklahoma Conference of Churches we reach over 2000 faith-based groups with educational materials and resources on infant safe sleep. Second, quarterly round table discussions are scheduled to identify specific strategies within the community to help reduce infant mortality. To date we have approached over 34 African American Churches with information, presentations and resources on reducing infant mortality within their community. Information can now be downloaded from OCHO website.

**Twenty-three law enforcement agencies** have pledged to utilize the CDC developed Sudden Unexpected Infant Death Investigation (SUIDI) form. An additional six more are pending.

**MCHO Epidemiologist.** The MCHO EPI has been instrumental in identifying new zip code data allowing for targeted outreach activities that include addressing disparity issues. **FIMR Specialist** has seen an increase in the number of home interviews conducted. Of the families contacted only 15% conducted the interview in 2010 with expansion in 2011 and 2012 those numbers increased to 39% and 32% respectively.

Two new social worker positions are in development and positions are posted. These positions will work on outreach and case management of individuals/families who have experienced fetal/infant loss or other poor pregnancy outcomes. These social workers will be instrumental in the promotion of interconception care and family planning for appropriate spacing of pregnancies along with other lifestyle behaviors that affect birth outcomes.

WELLNESS NOW  
F.I.M.R.

## Budget Presentation

TRI-BOARD MEETING · OCTOBER 2013

JULIE COX-KAIN, MPA      REGGIE IVEY, MHR      BOB JAMISON, MBA

## Presentation Overview

- ❑ SFY '15 Capital Improvement Budget – Public Health Laboratory
- ❑ SFY '13 & SFY '14 – Children's Health Budget Update
  - Oklahoma State Department of Health
  - Tulsa Health Department
  - Oklahoma City-County Health Department

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## State Fiscal Year 2015 Public Health Laboratory

- ❑ Increase space
- ❑ Increase testing capacity
- ❑ Safety
- ❑ Improve Public Health Emergency Response Capabilities
- ❑ Improve efficiencies
- ❑ Accreditation

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## Public Health Laboratory

- ❑ Capital Improvement Budget for \$ 41.2 million
  - Site work and Parking Lot
  - Construction Costs
  - Professional Fees and Project Management
- ❑ Functional facility separated physically and mechanically from current structure
  - Increased security
  - Stronger controlled access
  - Specifically designed and engineered for lab services

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### Budget Update

State Fiscal Year 2013 & 2014  
Children's Health Funding

\$1.7 Million



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### Evidence-Based Strategies



- **Every Week Counts Collaborative**
  - March of Dimes Elimination of Non-medically Indicated Deliveries Before 39 Weeks Gestational Age Toolkit
  - Contract: OUHSC Office of Perinatal Quality Improvement to work with birthing hospitals
  - Achieved 86% reduction in early elective deliveries since January 2011
  - Reduce the rate of premature births by 8% by 2014 (ASTHO Presidential and March of Dimes Challenge)

Preparing for a Lifetime  
OKLAHOMA STATE DEPARTMENT OF HEALTH - CREATING A STATE OF HEALTH - WWW.HEALTH.OK.GOV

### Evidence-Based Strategies



- **Becoming Baby-Friendly In Oklahoma Project (Inclusive of Breastfeeding Education Project)**
  - A global program sponsored by the World Health Organization & United Nations Children's Fund
  - Women who breastfeed have shown decreased health risks
  - Contract: OUHSC Dept of OB-GYN to assist facilities to train/adopt policies that promote breastfeeding
  - 24 hospitals no longer providing formula gift discharge bags
  - Goal of engaging 10 new hospitals each year
  - Claremore Indian Hospital is Oklahoma's first Baby-Friendly Hospital

Preparing for a Lifetime  
OKLAHOMA STATE DEPARTMENT OF HEALTH - CREATING A STATE OF HEALTH - WWW.HEALTH.OK.GOV

### Strategies Continued



- **Infant safe Sleep**
  - American Academy of Pediatrics (AAP) recommendations
    - Promoting environment which reduces risk of injury and death to infants when sleeping
  - Targeting 10 hospitals that deliver the largest numbers of minority populations
    - Assisting hospitals in developing and implementing infant safe sleep policy
    - Providing safe sleep education to staff and families
    - Providing infant sleep sacks to families
    - 5 hospitals with agreements in place

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4

### Strategies Continued



- **Abusive Head Trauma**
  - Period of PURPLE Crying - 34 hospitals participating
  - Assisting hospitals in developing and implementing policy
  - Assisting parents with understanding normal part of infant development
  - Providing parents with education and Period of Purple Crying DVDs to use in educating other family members and caretakers
  - Click for Babies - collected/distributed nearly 3,000 purple baby caps

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### Community-Based Projects

OSDH County Health Departments (48 counties)

Focusing on:

- Preconception/Interconception health, including tobacco
- Infant safe sleep
  - Pre-term birth
  - Activities:
    - Community health events
    - Community outreach
    - Public & provider education
    - Local media campaigns
  - Placement of 6 Social Workers based on risk criteria such as infant mortality, poverty, education



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1 The presentation concluded.  
2

3 **CHAIRMAN'S REPORT – OCCBH**

4 Dr. Cagle highlighted a recent visit from Taiwan health delegates regarding the Public Health  
5 Accreditation process and their interest in the health improvement planning efforts. Dr. Cagle thanked  
6 Blue Cross Blue Shield, the Oklahoma Department of Tourism, and Integris for their recent donations to  
7 further the trails and sports fields at the Northeast Regional Health and Wellness campus.  
8

9 **CHAIRMAN'S REPORT – TCCBH**

10 Dr. Grogan thanked OCCHD for their hospitality. Dr. Grogan thanked the THD staff for the engagement  
11 of the Tulsa community. He briefly addressed successful and productive meetings with community  
12 leaders regarding such issues as water safety. It is important to engage and educate both community  
13 leaders and members of the public around these issues as well as strategic planning. He mentioned that  
14 THD staff have become certified education counselors for the ACA.  
15

16 **PRESIDENT'S REPORT – OSBH**

17 Discussion and possible action

18 Proposed 2014 Board of Health Meeting Dates (second Tuesday of each month at 11:00 a.m.):

19 January 14, 2014

20 February 11, 2014

21 March 11, 2014

22 April 8, 2014

23 May 13, 2014

24 June 10, 2014

25 July 8, 2014

26 August 15-17, 2014 (Location TBD)

27 October 14, 2014 - Tri-Board (Tulsa Health Department North Regional Health and Wellness Center 1:00  
28 p.m.)

29 December 9, 2014  
30

31 **Dr. Grim moved Board approval of the 2014 Board of Health meeting dates as presented. Second Mr.  
32 Starkey. Motion carried.**  
33

34 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson**

35 **ABSENT: Alexopoulos, Wolfe**  
36

37 Dr. Krishna briefly discussed the state of the state's health and the successes accomplished throughout the  
38 state. However; obesity, tobacco and mental health need to be addressed at the national level in order to  
39 see continued improvement. He thanked the staff and personnel working in public for their contributions.  
40

41 **NEW BUSINESS**

42 No new business.  
43

44 **ADJOURNMENT**

45 **Mr. Gerard moved State Board of Health approval to Adjourn. Second Dr. Woodson. Motion carried.**

